

SP-119**Educational Fishing Permit**

State of Idaho
DEPARTMENT OF FISH AND GAME
Application for Educational Fishing Permit

Name of Organization: _____

Applicant (Please type or print):

 Name

 Address

 City

 State

 Zip

 SSN (required)

 Driver's License No.

 Driver's license issue date

 Telephone No.

 Gender

 Height

 Weight

 Eye Color

 Hair Color

 Date of Birth

Number of Participants: _____

Date of Event: _____

Location of Event: _____

Time of Event: _____ / _____

(From)

(To)

Fishing license number of applicant: _____

Special Restrictions:

The Education Fishing Permit entitles the above named person to hold a Department of Fish and Game sanctioned fishing clinic or class (under Idaho Code 3-401(f)). Those persons accompanying the above named person shall be entitled to fish without a license in the above named clinic or class provided that all other rules and regulations of the Idaho Fish and Game Commission are adhered to.

 Signature of Applicant

 Date

 Conservation Officer

 Date